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Invoice ID: 2377161
Created on 4/25/2016 4:44 PM
Last updated on 4/25/2016 4:44 PM

Applicant Form Identifier 15_8-1 FRN 2769539

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
SAINT FRANCIS AND CLARE SCHOOL	16067053	Identification Number (SPIN)
		143040817

Applicant FCC Form 498 ID

4. Contact Name	RICHARD SENTURIA
5. Contact Telephone Phone	(314) 282-3676
Contact Fax	(314) 395-5882
Contact Email	erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 696

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1012811	2769539		7/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION
2) 1012811	2769539		8/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION
3) 1012811	2769539		9/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION
4) 1012811	2769539		10/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION
5) 1012811	2769539		11/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION
6) 1012811	2769539		12/1/2015		\$ 290.00	40	\$ 116.00	AWAITING CERTIFICATION

Block 3: Billed Entity Certification[Need Help?](#)**Contact Information for Billed Entity Authorized Person:**

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 4/25/2016**17. Name** RICHARD SENTURIA**18. Title/Position** CONSULTANT**20. Address 1** 9666 OLIVE BLVD.**Address 2** SUITE 215**City** OLIVETTE**State** MO**Zip Code** 63132 - 3032**19. Phone Number** (314) 282-3676**19a. Fax Number** (314) 395-5882**19b. Email** erp@erateprogram.com**19c. Name of Authorized Person's Employer** eRate Program, LLC

OMB Number 3060 - 0856 Form 472

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Client Service Bureau: 1-888-203-8100

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Invoice ID: 2401398
Created on 6/20/2016 5:10 PM
Last updated on 6/20/2016 5:10 PM

Applicant Form Identifier 2769539_1-6/16

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
SAINT FRANCIS AND CLARE SCHOOL	16067053	Identification Number (SPIN)
		143040817

Applicant FCC Form 498 ID

4. Contact Name	RICHARD SENTURIA
5. Contact Telephone Phone	(314) 282-3676
Contact Fax	(314) 395-5882
Contact Email	erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 696

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1012811	2769539		1/1/2016		\$ 1740.00	40	\$ 696.00	AWAITING CERTIFICATION

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

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Submission Date 6/20/2016

17. Name RICHARD SENTURIA
18. Title/Position CONSULTANT
20. Address 1 9666 OLIVE BLVD.
Address 2 SUITE 215
City OLIVETTE
State MO
Zip Code 63132 - 3032

19. Phone Number (314) 282-3676
19a. Fax Number (314) 395-5882
19b. Email erp@erateprogram.com
19c. Name of Authorized eRate Program LLC
Person's Employer







OMB Number 3060 - 0856 Form 472

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Invoice ID: 2692505
Created on 9/20/2017 1:17 PM
Last updated on 9/22/2017 5:09 AM

Applicant Form Identifier 15_7-6 FRN 2769539

Block 1: Header Information

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1. Billed Entity Name	2. Billed Entity Number	3. Service Provider
SAINT FRANCIS AND CLARE SCHOOL	16067053	Identification Number (SPIN)
		143040817

Applicant FCC Form 498 ID
443023404

4. Contact Name RICHARD SENTURIA
5. Contact Telephone Phone (314) 282-3676
Contact Fax (314) 395-5882
Contact Email erp@erateprogram.com

6. Total Reimbursement Amount
(total from Block 2, Column 14)
\$ 1276

Block 2: Line Item Information Per Funding Request Number

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7. FCC Form 471 Application Number (from Funding Commitment Decision Letter)	8. Funding Request Number (FRN) (from Funding Commitment Decision Letter)	9. Bill Frequency	10. Customer Billed Date	11. Shipping date to Customer or Last Day of Work Performed (mm/dd/yyyy)	12. Total (Undiscounted) Amount for Service	13. Discount Rate	14. Discount Amount Billed to USAC (Column 12 multiplied by Column 13)	Approval Status
1) 1012811	2769539	MONTHLY	7/1/2015		\$.00	40	\$.00	COMPLETED
2) 1012811	2769539	MONTHLY	8/1/2015		\$ 290.00	40	\$ 116.00	COMPLETED
3) 1012811	2769539	MONTHLY	9/1/2015		\$ 290.00	40	\$ 116.00	COMPLETED
4) 1012811	2769539	MONTHLY	10/1/2015		\$ 290.00	40	\$ 116.00	COMPLETED
5) 1012811	2769539	MONTHLY	11/1/2015		\$ 290.00	40	\$ 116.00	COMPLETED
6) 1012811	2769539	MONTHLY	12/1/2015		\$ 290.00	40	\$ 116.00	COMPLETED
7) 1012811	2769539	MONTHLY	1/1/2016		\$ 290.00	40	\$ 116.00	COMPLETED
8) 1012811	2769539	MONTHLY	2/1/2016		\$ 290.00	40	\$ 116.00	COMPLETED
9) 1012811	2769539	MONTHLY	3/1/2016		\$ 290.00	40	\$ 116.00	COMPLETED

10) 1012811	2769539	MONTHLY	4/1/2016	\$ 290.00	40	\$ 116.00	COMPLETED
11) 1012811	2769539	MONTHLY	5/1/2016	\$ 290.00	40	\$ 116.00	COMPLETED
12) 1012811	2769539	MONTHLY	6/1/2016	\$ 290.00	40	\$ 116.00	COMPLETED

Block 3: Billed Entity Certification

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Contact Information for Billed Entity Authorized Person:

By logging into your account using your PIN, checking this box, and clicking the "certify" button at the end of the form, you have electronically signed the form. You are reminded that an electronic signature is the same as a handwritten signature on the form. To see a copy of the Terms and Conditions to which you previously agreed, please click on the "Terms and Conditions" menu above.

Submission Date 9/20/2017

17. Name RICHARD SENTURIA
 18. Title/Position CONSULTANT
 20. Address 1 9666 OLIVE BLVD.
 Address 2 SUITE 215
 City OLIVETTE
 State MO
 Zip Code 63132 - 3032

19. Phone Number (314) 282-3676
 19a. Fax Number (314) 395-5882
 19b. Email erp@erateprogram.com
 19c. Name of Authorized Person's Employer eRate Program, LLC

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